## DECLARATION, POWER OF ATTORNEY, AND PETITION

Attorney Docket No.: SOL-166

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As a below named inventor, I hereby declare that:

My residence, mailing address and citizenship are as stated below next to my name.

I believe I am the original, first and sole inventor (if only one name is listed below) or an original, first and joint inventor (if plural names are listed below) of the subject matter which is claimed and for which a patent is sought on the invention entitled

## METHODS AND APPARATUS FOR EMBEDDING AND RECOVERING WATERMARKING INFORMATION BASED ON HOST-MATCHING CODES

he specification of	f which is attached hereto unl	ess the following box is checked:			
was filed or	n as United States Applic	ation Numberand was amended on (if applicable	or PCT International Application Number le).		
	state that I have reviewed an amendment referred to above		bove-identified specification, including the claims,		
continuation-in-par	rt applications, material infor	formation which is material to pate rmation which became available be the continuation-in-part application	entability as defined in 37 CFR 1.56, including for etween the filing date of the prior application and n.		
application(s) for designated at least application for pa	patent, inventor's or plant be one country other than the	reeder's rights certificate(s), or 3 United States of America, listed der's rights certificate(s), or any	ates Code, §119(a)-(d) or 365(b) of any foreign 165(a) of any PCT international application which below and have also identified below any foreign PCT international application having a filing date		
(Number)	(Country)	Month/Day/Year Fi	Priority Claimed [ ] [ ] led Yes No		
I hereby listed below.	y claim the benefit under Ti	tle 35, United States Code, §119	(e) of any United States provisional application(s)		
60/282,241		April 6, 2001			
(Application Num	ber)	(Filing Date) - Month/Day/Year			
application designapplication is not of 35 U.S.C. 112	ating the United States of A disclosed in the prior United I acknowledge the duty to	merica, listed below and, insofar States or PCT international applic disclose information which is man	application(s), or 365(c) of any PCT international as the subject matter of each of the claims of this ation in the manner provided by the first paragraph terial to patentability as defined in 37 C.F.R. 1.56 the national or PCT international filing date of this		
U.S. Parent Application or PCT Parent Number		Parent Filing Date (MM/DD/YYYY)	Parent Patent Number (if applicable)		
	<del></del>				

And I hereby appoint: Barry R. Lipsitz, Registration No. 28,637 and Douglas M. McAllister, Registration No. 37,886, of the firm of Barry R. Lipsitz, Attorney at Law, 755 Main Street, Bldg. 8, Monroe, Connecticut 06468, Telephone (203) 459-0200, my attorneys with full power of substitution and revocation, to prosecute this application and to transact all business in the Patent and Trademark Office connected therewith.

Direct all correspondence to: Customer Number or Bar Code Label:

20028

Wherefore I pray that Letters Patent be granted to me for the invention or discovery described and claimed in the foregoing specification and claims, and I hereby subscribe my name to the foregoing specification and claims, declaration, power of attorney, and this petition.

I hereby declare that all statements made herein of my own knowledge are true and that all statements made on information and belief are believed to be true; and further that these statements were made with the knowledge that willful false statements and the like so made are punishable by fine or imprisonment, or both, under Section 1001 of Title 18 of the United States Code and that such willful false statements may jeopardize the validity of the application or any patent issued thereon.

Full name of sole of	or first inventor:	Rade		Petrovic
		Given Name (first and midd	lle, if any)	Family Name or Surname
Inventor's Signature	Rade Pe	etrovic	Date:	1.24.2002
D. Cl	San Diego	CA	G::: 1:	USA
Residence	(City) (State or Foreign Country)		Citizenship:	
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	(Street Address	) (City) (Sta	ate & Zip Code/Coun	ntry)